

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	V. W. N.		07-31-01
O.I.P.E. CLASSIFIER	SM	32	8/9
FORMALITY REVIEW	PD	1027	09/06/01
RESPONSE FORMALITY REVIEW	AM	917	10-02-01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	1/12/02
2	1/12/02
3	1/12/02
4	1/12/02
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50	1/12/02

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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330  
 10-06-01  
 154  
 10-25-01